

Name
in
Full

Randall Atkins-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

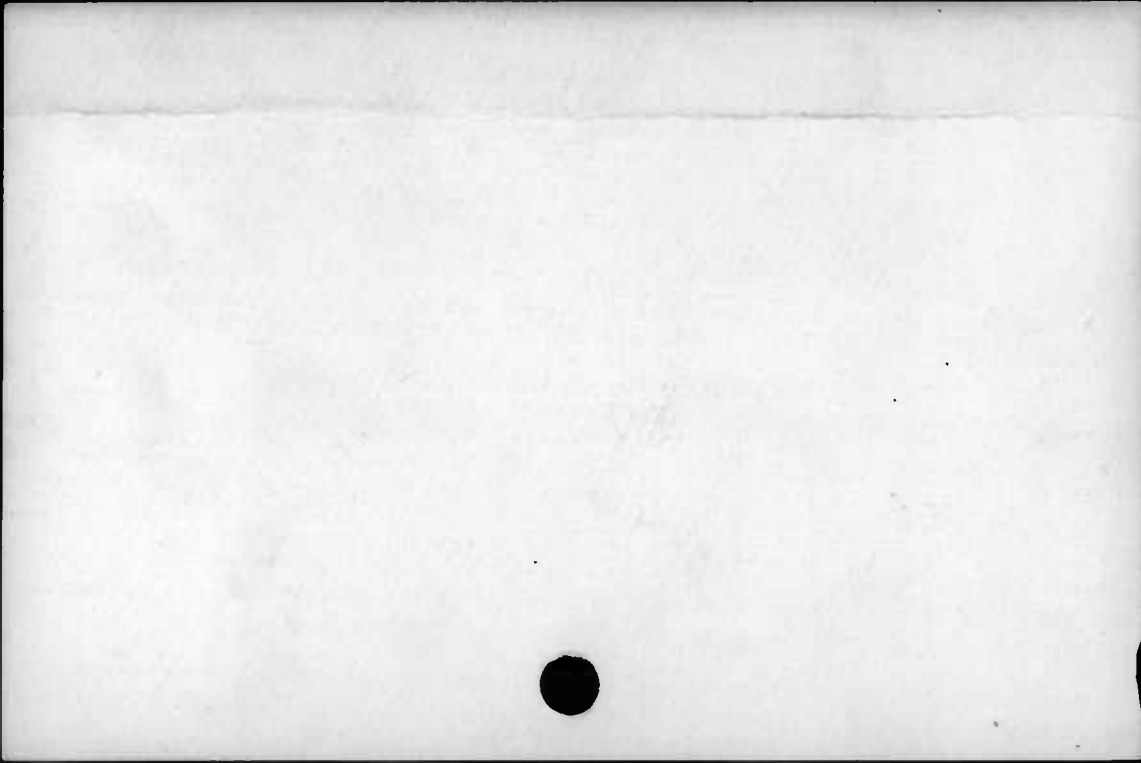
Died at		Town Whiteford		County Harford		MARYLAND	
Date of death		1908	Month April	Day 22	Age 77	Months	Days
Sex male		Color or Race White		Birth-place Philadelphia			
Occupation None		Where Residing if not at place of death Place of death					
Married, Single or Widowed married		Name of Wife or Husband Jane Beadine					
Father's Name Benjamin Atkins		Father's Birthplace Unknown					
Mother's Maiden Name Mary Karbonoff		Mother's Birthplace Bradford, Eng					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Enlarged Heart	How long	2 yr
Immediate	Syncope	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician P. W. Ramsey	
Yes		Address Deltu York Co Pa.	
Accident or Suicide?			



Name
in
Full

Henry Harrison Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

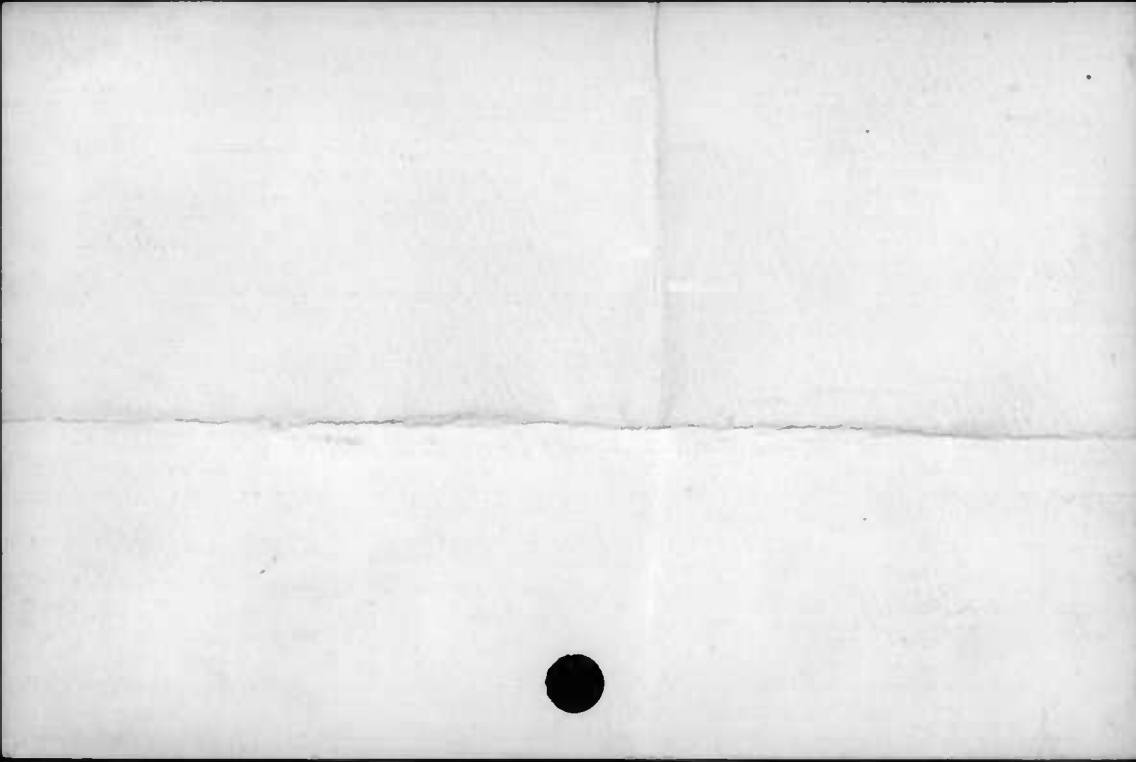
Died at		Town Churchville		County Harford		MARYLAND	
Date of death		Month April		Day 29 th		Years 1908	
Sex Male		Color or Race White		Birth-place Maryland		Months 21	
Occupation Farmer		Where Residing if not at place of death Died on birth place		Days 15			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Shadrach Bailey		Father's Birthplace Maryland					
Mother's Maiden Name Mary Ann Baskins		Mother's Birthplace Maryland					
Name of person giving information Anna J. Bailey		How related to deceased Sister					

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	5 days -
yes -	Signature of Physician W. S. Gorsuch, M.D.
	Address Churchville, Md.
Additional remarks?	

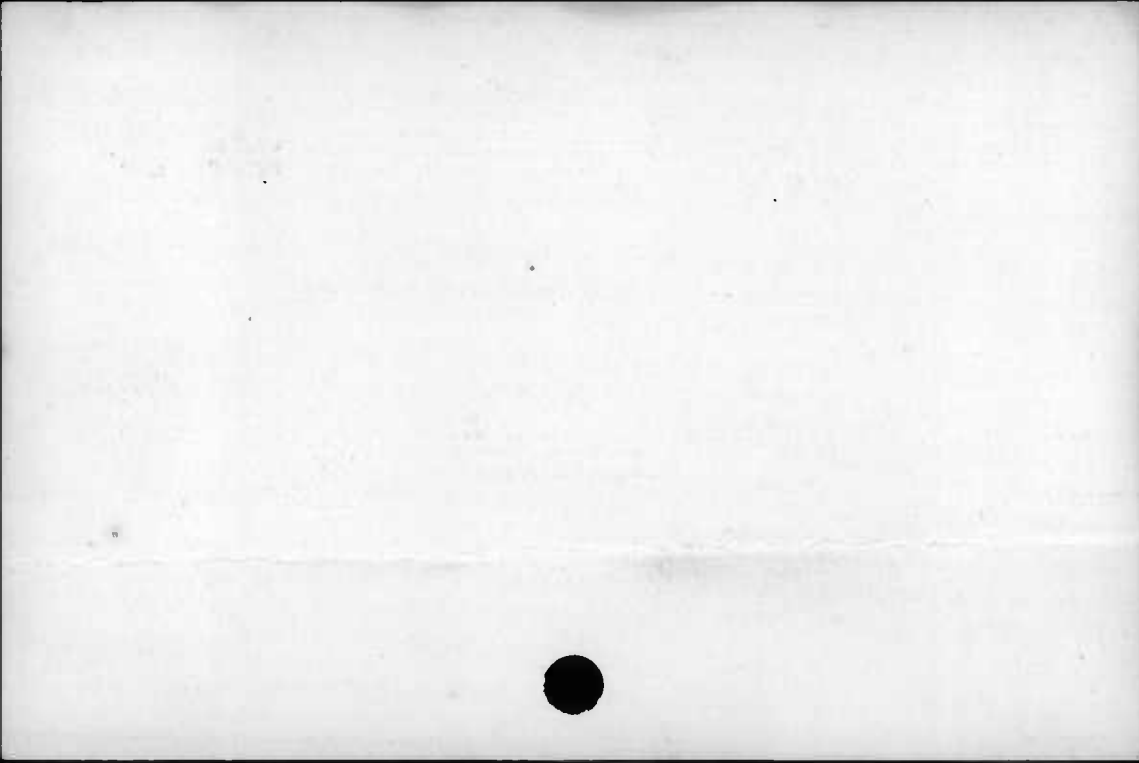


Name in Full Hester Ann Buckett		CERTIFICATE OF DEATH	
Died near Aberdeen ^{Town}		Harford ^{County}	
Date of death 1908 ^{Month} April ^{Day} 13		Age 57 ^{Years} — ^{Months} — ^{Days}	
Sex Female		Color or Race Colored	
Occupation House work		Birth-place Virginia	
Where Residing if not at place of death —			
Married, Single or Widowed Widowed		Name of Wife or Husband Unobtainable	
Father's Name Isaac Downing		Father's Birthplace Va.	
Mother's Maiden Name Sarah Gary		Mother's Birthplace Unobtainable	
Name of person giving information Wm Buckett		How related to deceased Son	
CAUSES OF DEATH			
Primary Paralysis		How long about 2 yrs.	
Immediate Exhaustion		How long one month	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. H. Friets	
Address Aberdeen, Md.			
Accident or Suicide? —			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

66



Name
in
Full

Charles H. Bonif

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Bell Air</u> ^{Town}		<u>Harford</u> ^{County}			
Date of death	<u>1908</u>	Month	<u>April</u>	Day	<u>16</u>
				Age	<u>79</u>
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Bell Air</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Alvin Bond</u>			
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>do</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>do</u>
Name of person giving information	<u>Alvin Bond</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulm. Tuberculosis</u>	How long	<u>Years</u>
Immediate	<u>Exhaustion</u>	How long	<u>Eight days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Amnell D. Rappaport</u>	
		Address <u>Bell Air</u>	
Accident or Suicide?			



Name
in
Full

Melton Bosley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

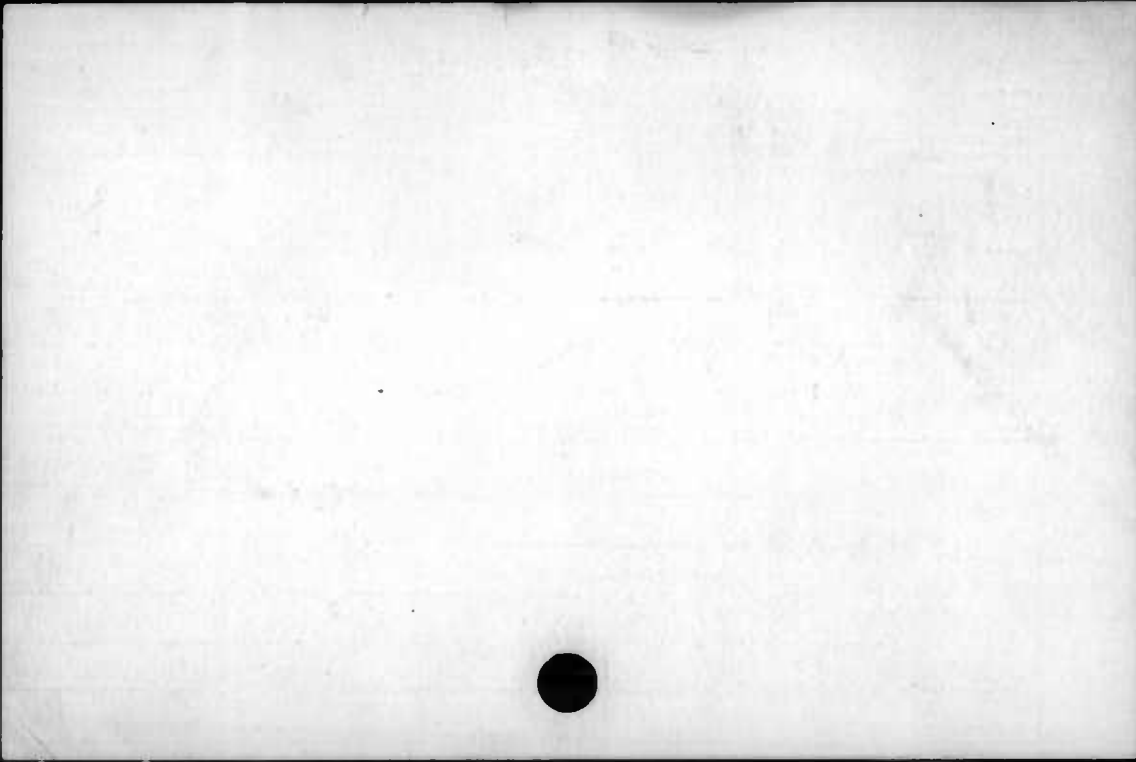
Died at <u>Serusalem</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1908	Month	4 th	Day	18 th
Age	73	Years		Months	8
Sex	Male	Color or Race	White	Birth-place	Balto Co Md.
Occupation	Farmer	Where Residing if not at place of death	same		
Married, Single or Widowed	Married	Name of Wife or Husband	Ananda Fredrick		
Father's Name	William Bosley	Father's Birthplace	unknown.		
Mother's Maiden Name	Susan Fredrick	Mother's Birthplace	Balto Co Md.		
Name of person giving information	Worthington Bosley	How related to deceased			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	Sudden
Immediate	Shock & Gen. debility of vital forces	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Keyser
		Address	P.O. Gallatin Md
Accident or Suicide?	No		



Name
in
Full

Ruth Ann Briney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Level Town Harford County MARYLAND

Date of death 1908 April 13th Age 70 Months 1 Days 13

Sex Female Color or Race white Birth-place Md.

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Jacob Briney

Father's Name James Baldwin Father's Birthplace Md.

Mother's Maiden Name Ruth Sheridan Mother's Birthplace Md.

Name of person giving information Garrie R. Cornell How related to deceased daughter

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary old age How long ✓

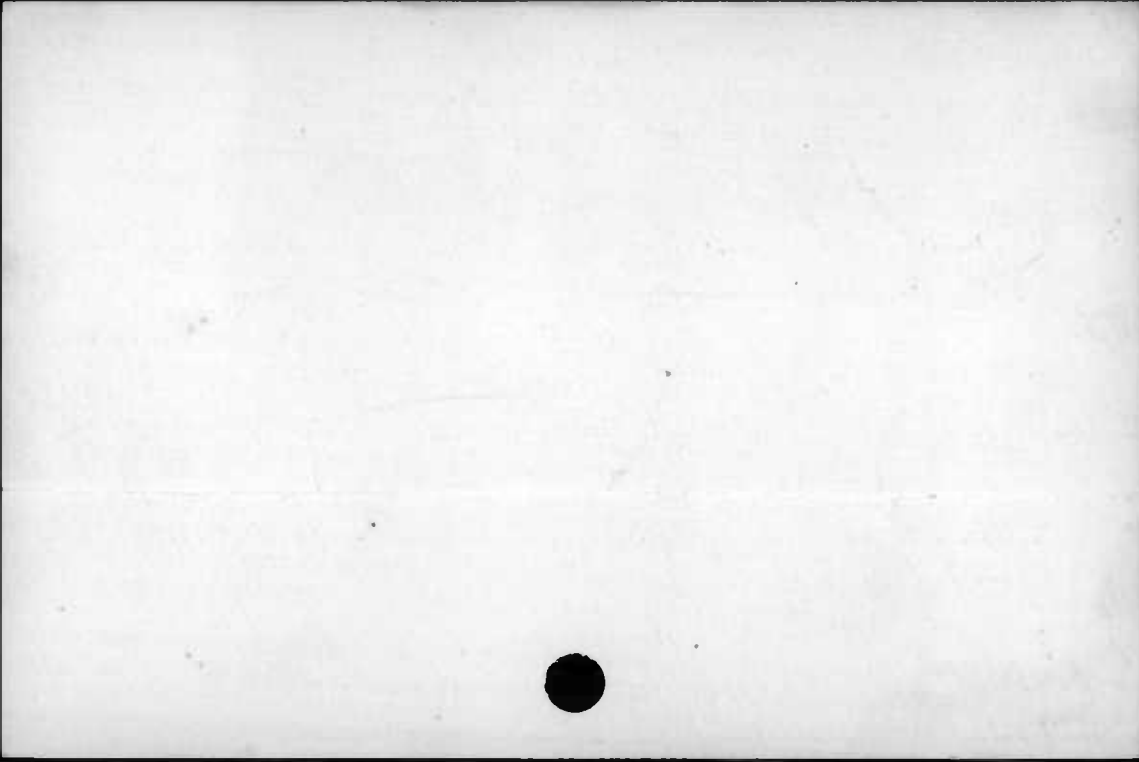
Immediate Heart Failure How long 48 hours

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician J. H. Kennedy

Address Abundance, Md.

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edna May Brown</i>		Town <i>Fountain Green</i>		County <i>Harford</i>		MARYLAND							
Died at <i>Fountain Green</i>		Month <i>Apr</i>		Day <i>16</i>		Age <i>2</i>		Years <i>3</i>		Months <i>7</i>		Days <i>9</i>	
Date of death <i>1908 Apr 16</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		Occupation <i></i>		Where Residing if not at place of death <i>Fountain Green</i>			
Married Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>											
Father's Name <i>George Brown</i>		Father's Birthplace <i>Ind.</i>		Mother's Maiden Name <i>Lavie Lee</i>		Mother's Birthplace <i>Ind.</i>		Name of person giving information <i>George Brown</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>		How long <i></i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i></i>		Signature of Physician <i>W. Deane Lou</i>	
Accident or Suicide? <i></i>		Address <i>Mudantakes</i>	

Mountain

Name
in
Full

Ella May Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

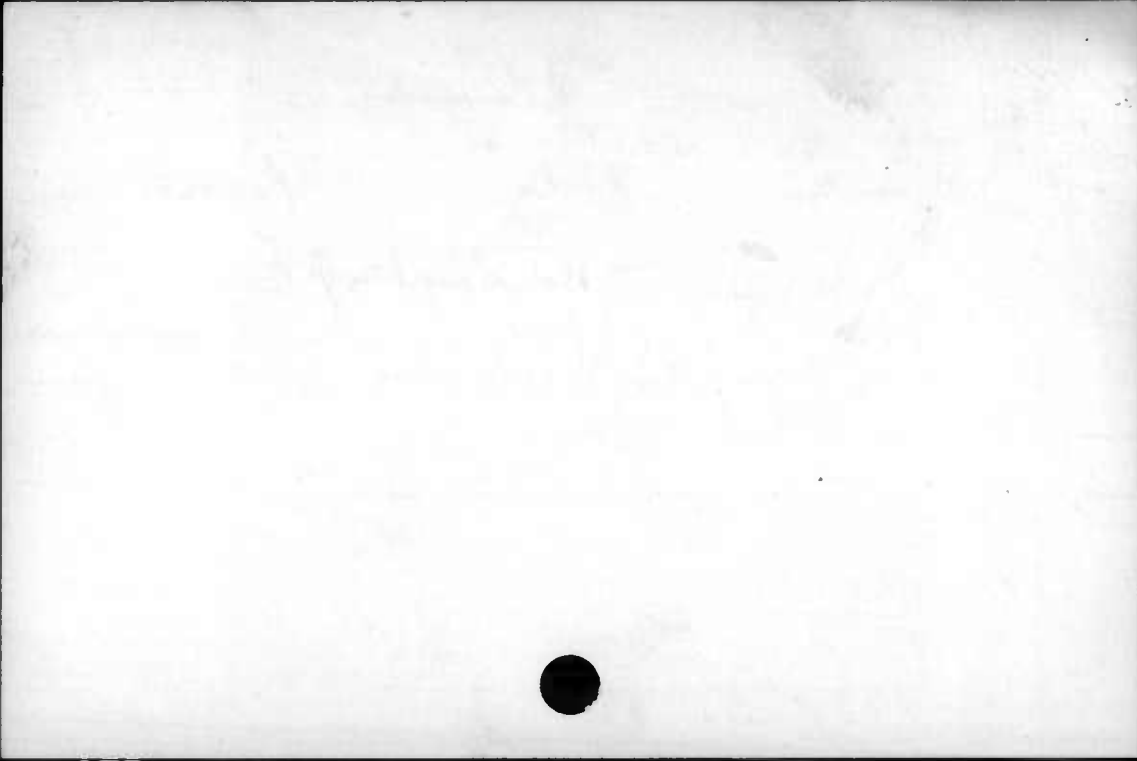
Died at <u>Hess</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1908	Month	Apr.	Day	8
Age	19	Years	0	Months	11
Sex	female	Color or Race	colored	Birth-place	Harford Co.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Asbury Cromwell	Father's Birthplace			
Mother's Maiden Name	Mary Cromwell	Mother's Birthplace			
Name of person giving information	Asbury Cromwell	How related to deceased			

CAUSES OF DEATH

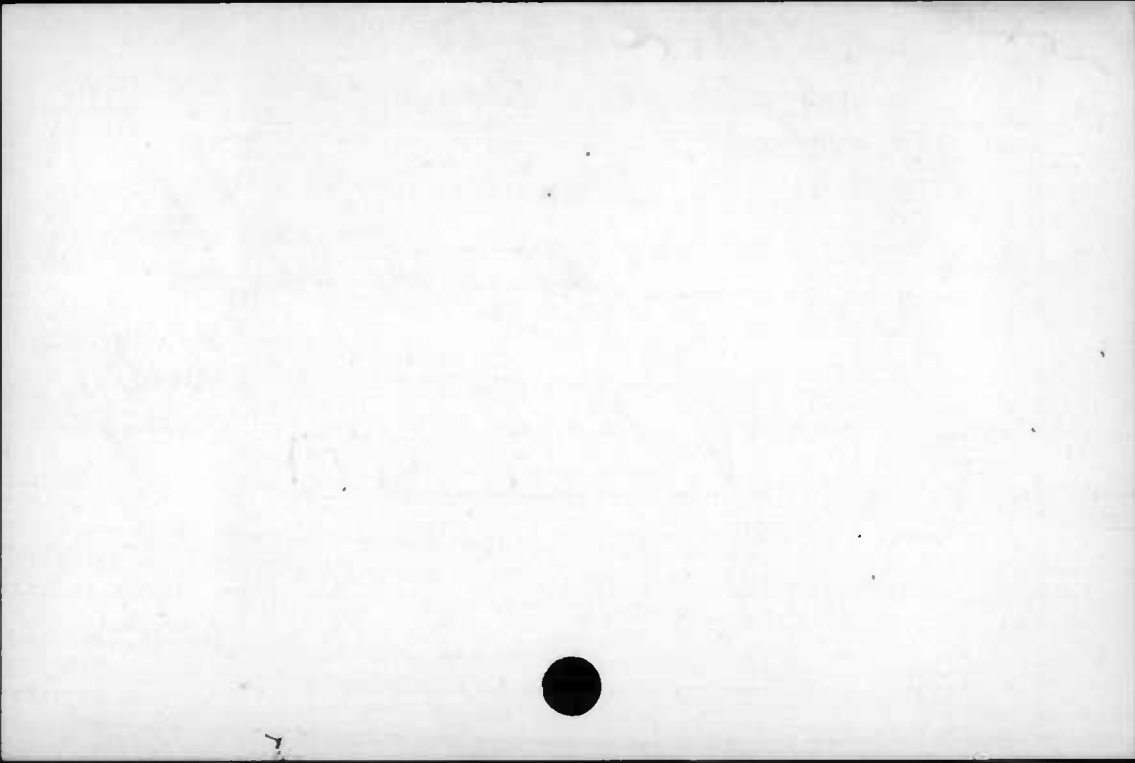
27

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	about 7 years
Immediate	Diarrhoea	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Thos. H. Emory M.D.	
Address		Monteton, Md.	
Accident or Suicide?		no	



Name in Full		Sallie A. Hopper Dennis				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Harre de Trace	County Harford	MARYLAND				
		Date of death		1908	Month 4	Day 14	Age 61	Months -	Days -	
		Sex		Female		Color or Race		White	Birth-place	Harre de Trace
		Occupation		None		Where Residing if not at place of death		" " "		
		Married, Single or Widowed		Widow		Name of Wife Husband		Dr Stephen P. Dennis		
PHYSICIAN OR CORONER		Father's Name		John A. Hopper		Father's Birthplace		Pennsylvania		
		Mother's Maiden Name		Elizabeth T. Albertson		Mother's Birthplace		Pennsylvania		
		Name of person giving information		P. H. Hopper		How related to deceased		Brother		
		CAUSES OF DEATH				(78)				
PHYSICIAN OR CORONER		Primary		Myocarditis		How long		About 2 yrs		
		Immediate		Embolism		How long		36 hours		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		R. H. Smith		
						Address		Harre de Trace Md		
		Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Landy Hook</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month <i>Apr</i>	Day <i>3</i>	Age <i>32</i>	Years <i>32</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Landy Hook</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Alice M. Duff</i>				
Father's Name <i>John E. Elett</i>	Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary Larason</i>	Name of person giving information <i>Mary Bull</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Eight days</i>
Immediate <i>Embolism</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel H. Applegate</i>
	Address <i>Belair</i>
Accident or Suicide?	

Thos Run

Name
in
Full

Elizabeth Walker Ewing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Aldino* Town*Harford* County

MARYLAND

Date of death *1908* Month *April*Day *21*Years *66*

Months

Days

Sex *Female*Color or Race *white*Birth-place *Maryland*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single or Widowed *Widow*Name of Wife or Husband *Lavonia Ewing*Father's Name *Robert Walker*Father's Birthplace *Ireland*Mother's Maiden Name *Catharine Hoopsman*Mother's Birthplace *Maryland*Name of person giving
Information *H. H. Baldwin*How related
to deceased *Nephew*

CAUSES OF DEATH

46

PHYSICIAN
OR CORONERPrimary *Multiple Mucocystic Cysts*How long *3 or 4 months*Immediate *General debility*

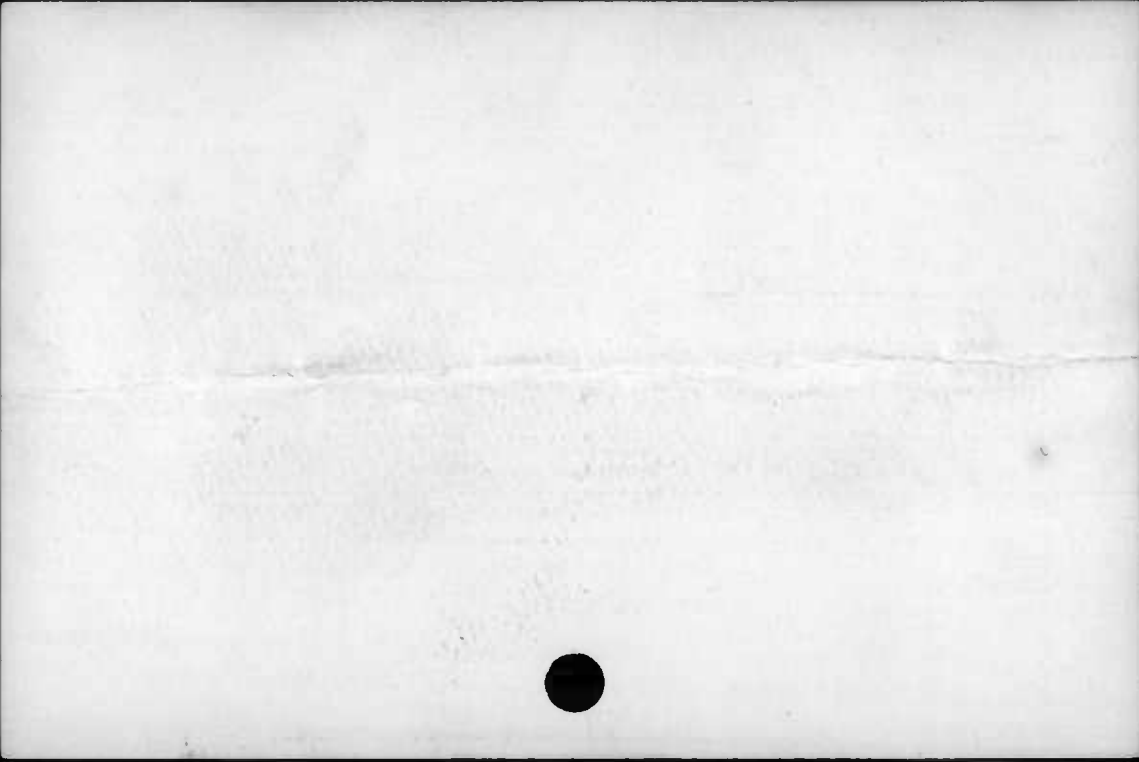
How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. H. Smith*

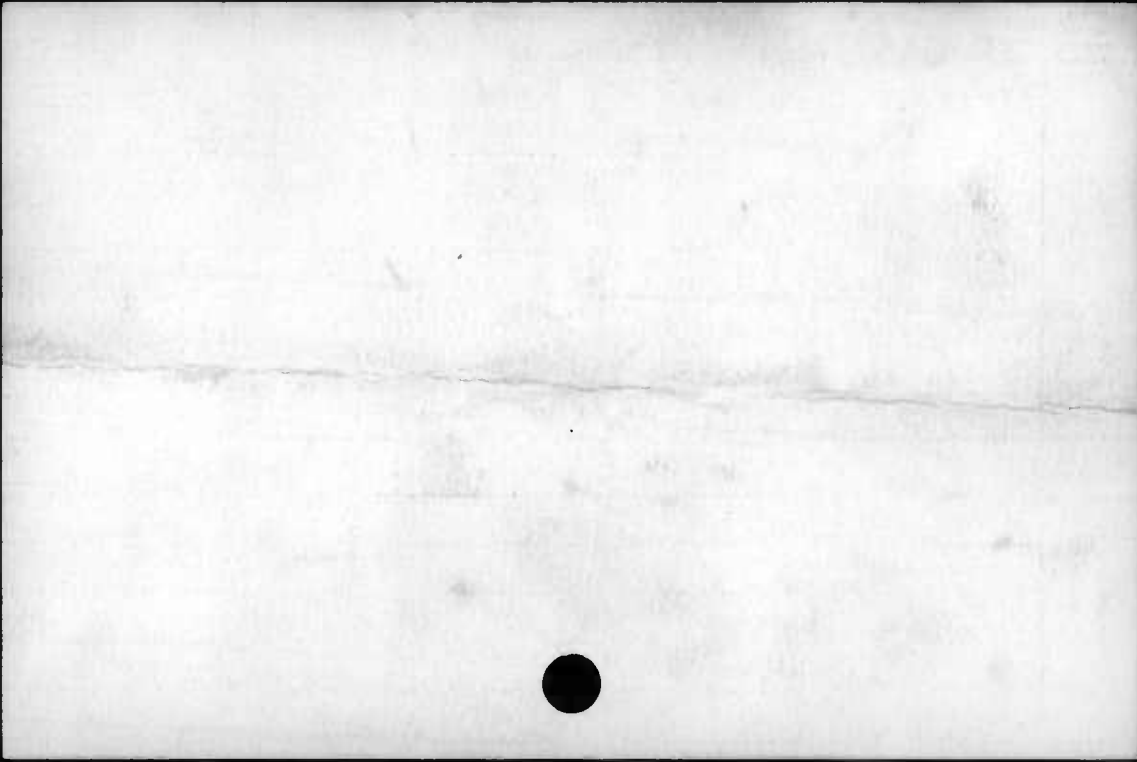
Address

*Home de Grace**Med.*

Accident or Suicide?



Name in Full Mrs Mary M. Gibbs		Town Horseshoe		County Harford		CERTIFICATE OF DEATH	
Died at Horseshoe		Month April		Day 28		Age 5-1	
Date of death 1908		Months 5-1		Days 5-1		MARYLAND	
Sex Female		Color or Race White		Birth-place Penna.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Mr. Anty. B. Gibbs					
Father's Name Geo. W. Hammons		Father's Birthplace Penna.					
Mother's Maiden Name Hedrick		Mother's Birthplace Penna.					
Name of person giving information Mr. Anty Gibbs		How related to deceased Husband					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH				27	
Primary		Pulmonary Tuberculosis				How long Six months	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Edmund Stewart		Address Stewartstown Pa			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jarrett Clinton Gover

MARYLAND

Died at ^{Town} Near Pleasantville ^{County} HarfordDate of death 1908 ^{Month} Apr ^{Day} 28 ^{AM} ^{Years} 15 ^{Months} 11 ^{Days} 24Sex Male ^{Color or Race} Black ^{Birth-place} Harford Co MdOccupation Farm Laborer ^{Where Residing if not at place of death}^{Married, Single or Widowed} Single ^{Name of Wife or Husband}^{Father's Name} George Henry Gover^{Father's Birthplace} Harford Co Md^{Mother's Maiden Name} Martha Alverda Hall^{Mother's Birthplace} " " "^{Name of person giving information} G. H. Gover^{How related to deceased} Father

CAUSES OF DEATH

27

^{Primary} Tuberculosis of Lungs^{How long} Several months^{Immediate} Exhaustion^{How long}

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} H. F. Bradley^{Address} Garretttsville

Accident or Suicide?

Burial at West Liberty,
near Upper X Roads

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Helin Viola Amella Hall</i>		Town <i>The Rocks</i>		County <i>Hager</i>		MARYLAND	
Died at <i>The Rocks</i>		Month <i>April</i>		Day <i>24</i>		Years <i>3</i>	
Date of death <i>1908</i>		Month <i>April</i>		Day <i>24</i>		Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>York Pa.</i>			
Occupation _____		Where Residing if not at place of death <i>The Rocks</i>					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>William T. Hall</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Martha Grizberry</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>William T. Hall</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebro-Spinal Meningitis</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles W. Thomas</i>
	Address <i>Street</i>
Accident or Suicide? <i>Ind.</i>	



Name
in
Full

J. Roberta Henderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

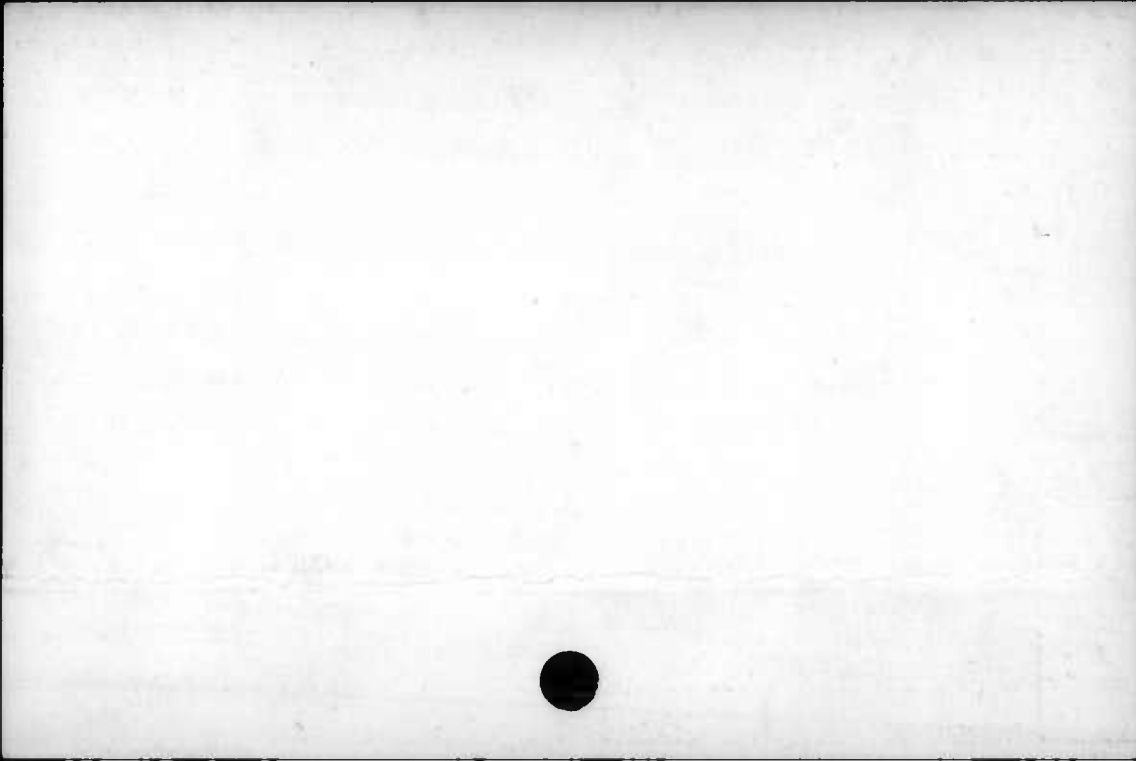
Died at		Town <i>Pleasantville</i>		County <i>Warford</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>11</i>	Years <i>30</i>	Months <i>7</i>	Days	
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birth-place	<i>Md.</i>	
Occupation	<i>Housekeeping</i>			Where Residing if not at place of death		<i>Md.</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Luther G. Henderson</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Virginia E. Denton</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>Mary E. Henderson</i>				How related to deceased	<i>Sister</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>Ten Years</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo W Davis Md</i>		
<i>I cannot say</i>		Address <i>Pleasantville Md</i>		
Accident or Suicide?				



Name
in
Full

Ray

Hake

CERTIFICATE OF DEATH

MARYLAND

Died at Prigman TownHarford CountyDate
of death 1908Month
11Day
16

Age

Years

Months
6Days
—Sex MaleColor or
Race CBirth-
place MeOccupation
—Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~~~Name of Wife or~~
~~Husband~~Father's
NameGeorge HakeFather's
BirthplaceMeMother's
Maiden NameMary KellMother's
BirthplaceMeName of person giving
In formation~~father~~ Geo HakeHow related
to deceasedFather

CAUSES OF DEATH

179

Primary

Dont know

How long

12 hrs.

Immediate

Prisoner but did not receive father

How long

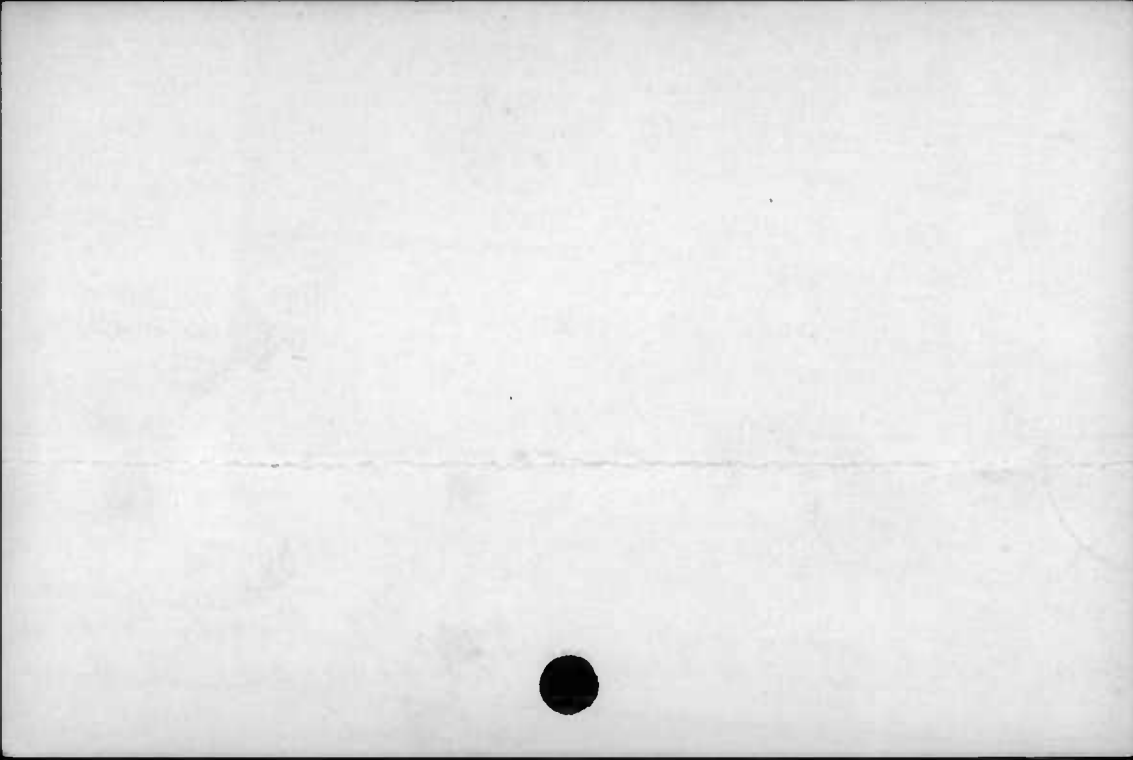
Are the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

J. H. Other
Prigman
Me

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pooles Island</i> ^{Town} <i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>16</i>	Age <i>25</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge</i>	
Occupation <i>Waterman</i>	Where Residing if not at place of death <i>Cambridge</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Hughes</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>James Butler</i>	How related to deceased <i>none</i>		

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Drowned near Pooles Island, found and*

Immediate *buried May 3rd 1908*

Are the name, age, sex, color, date and place correctly given above?

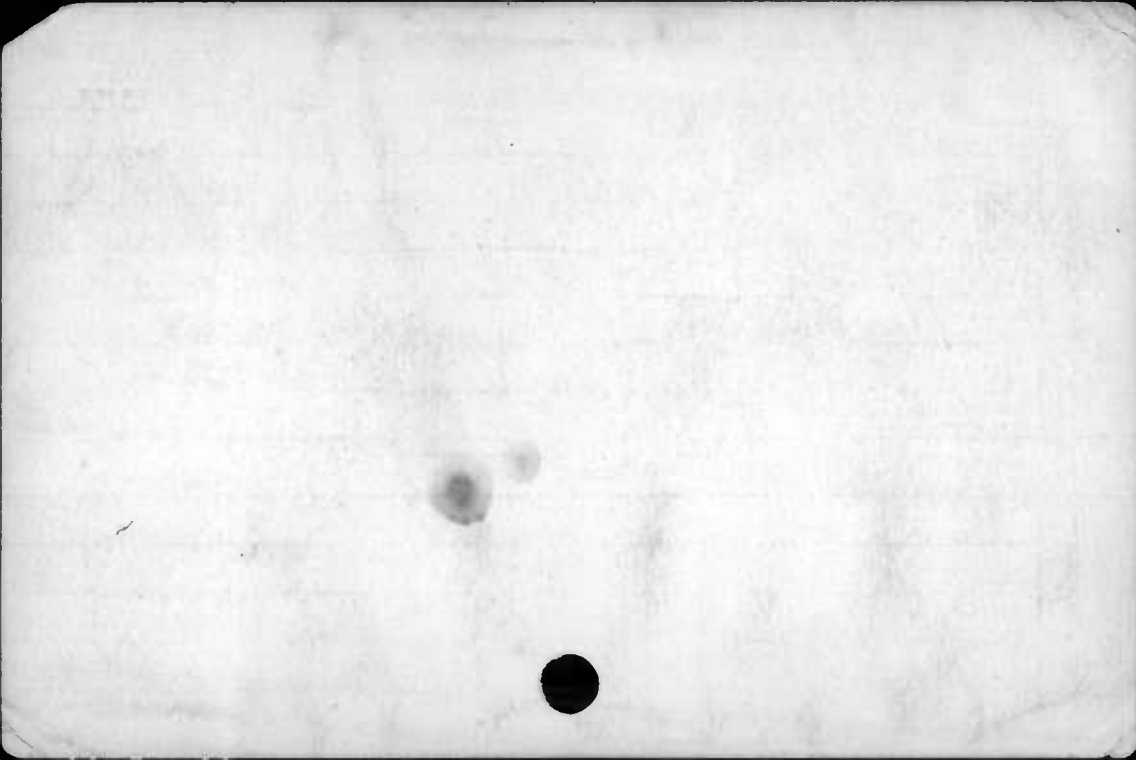
Signature of Physician

Address

Accident or Suicide?

Lee M Hardy Cornea

Edgewood Md.



Name
in
Full

Rev. Frederick Humphrey H.D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

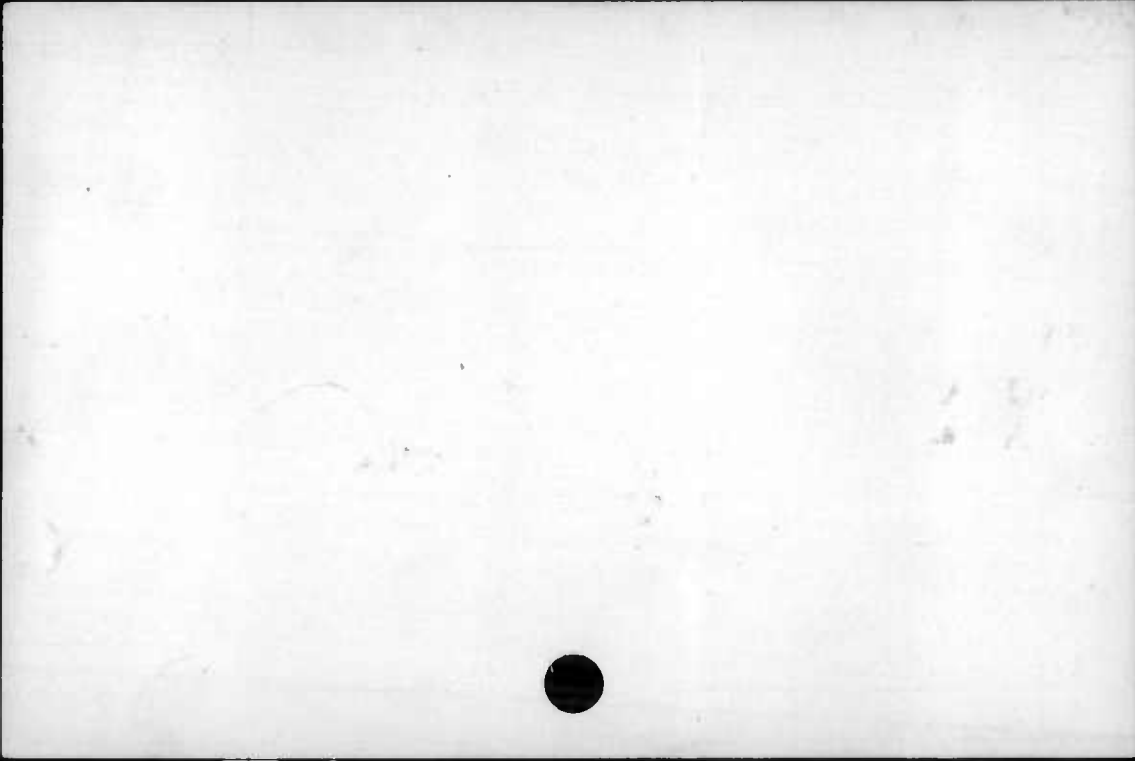
Died at		Town Hare de Grace		County Harford		MARYLAND	
Date of death		1908	Month 4	Day 1	Age 81	Years 9	Months -
Sex Male		Color or Race White		Birth- place New York State			
Occupation Minister				Where Residing if not at place of death Hare de Grace			
Married, Single or Widowed		Married		Name of Wife or Husband		Adelaide Buck	
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information R.L. Buck				How related to deceased Brother in law			

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	Acute Bronchitis		How long	About 10 days
Immediate	with Heart Complications		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician R. H. Smith	
			Address Hare de Grace Md.	
Accident or Suicide?				



Name
in
Full

Stella Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Hurbin ^{Town}Harford ^{County}

MARYLAND

Date of death 1908 ^{Month} Apr. ^{Day} 19. ^{Years} 25Months 7 Days 7Sex FemaleColor or
Race colored.Birth-
place Harford Co. Md.Occupation House ServantWhere Residing if not
at place of death -Married, Single
or Widowed SingleName of Wife or
HusbandFather's Name Richard Kane.Father's
Birthplace Harford Co. Md.Mother's
Maiden Name Mary WhiteMother's
Birthplace Harford Co. Md.Name of person giving
Information Esther WhiteHow related
to deceased Uncle.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

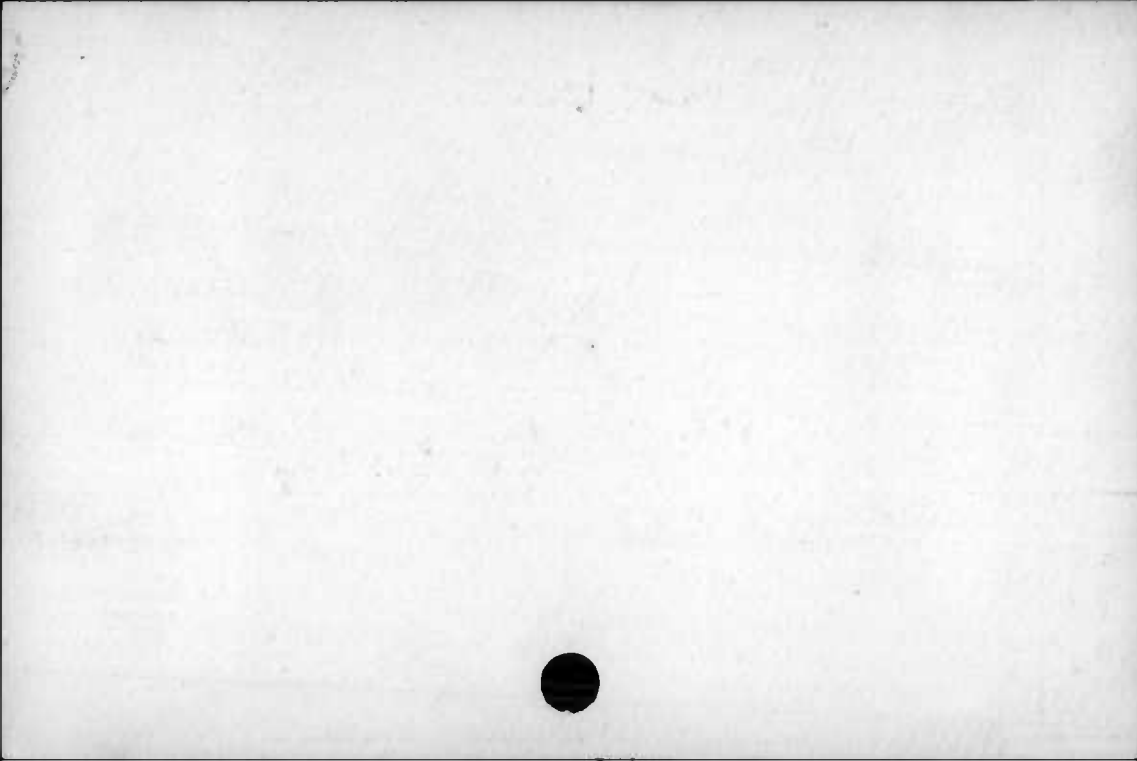
How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician J. H. Davis,Address Harlington, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Apr	28	Age 97	3	23	
Sex		Color or Race		Birth-place			
Male		White		Ind			
Occupation				Where Residing if not at place of death			
Wheelwright				Ind			
Married, Single or Widowed		Name of Wife or Husband					
Married		Kate Layton					
Father's Name		Richard H. Layton		Father's Birthplace		Ind	
Mother's Maiden Name		Ellen B. Brier		Mother's Birthplace		Ind	
Name of person giving information		Freese Numbers		How related to deceased		Grandson	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Grnd debility	How long	7 weeks
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. D. Hiler	
Address		Perryman	
Accident or Suicide?		None	



Name
in
Full

Elva May Mount

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

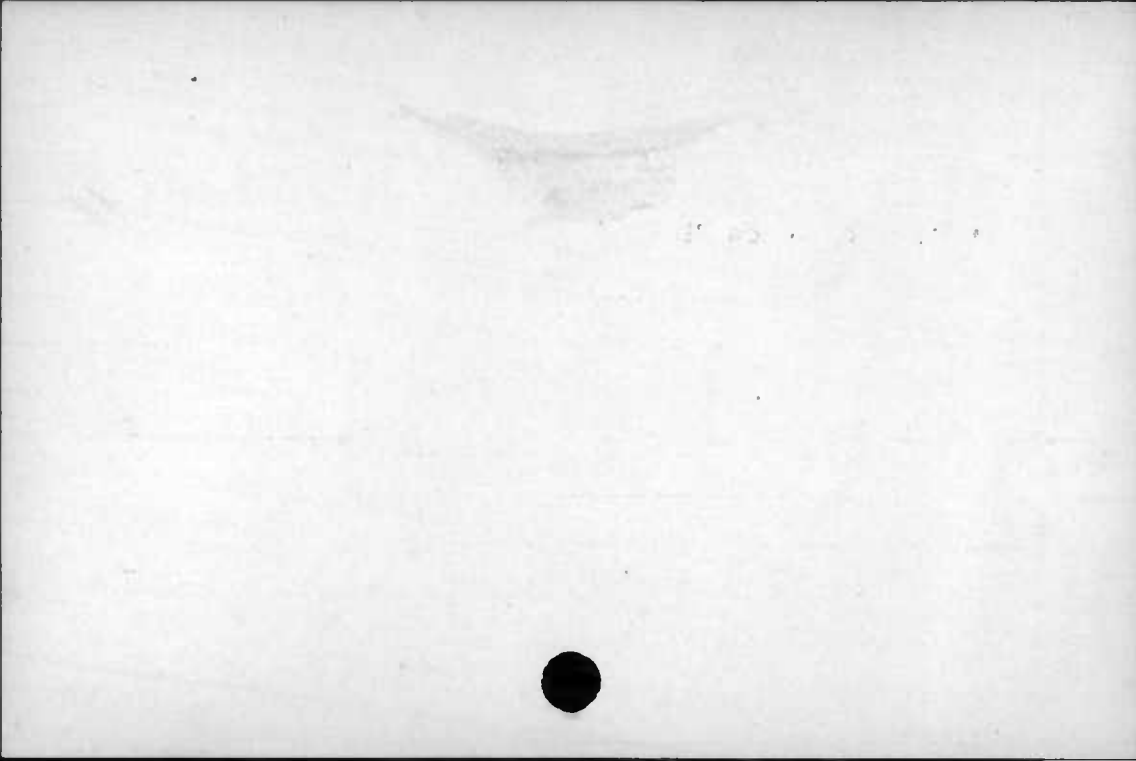
Died at <u>Harrodsburg</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Apr</u>	Day <u>15</u>	Age <u>—</u>	Months <u>6</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Cole</u>		Birth-place <u>Harrodsburg</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Home</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Hanson</u>			Father's Birthplace <u>Harford Co</u>		
Mother's Maiden Name <u>Mary Mount</u>			Mother's Birthplace <u>Harford Co</u>		
Name of person giving information <u>Mary Mount</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <u>Whooping cough</u>	How long <u>2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>2 or 3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. L. Hopkins</u>
	Address <u>Harrodsburg</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary H. Montgomery,</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>Apr</i>		Day <i>5th</i>		Year <i>1908</i>	
Date of death		Months <i>1</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Georgie</i>			
Occupation <i>Lady of leisure</i>		Where Residing if not at place of death <i>Shrewsbury,</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm Montgomery</i>					
Father's Name <i>Wm Sadder Latimer</i>		Father's Birthplace <i>Phila Pa</i>					
Mother's Maiden Name <i>Mary Collins</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Dr. W L Lowe</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart Disease</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr Chas. Richardson</i>	
		Address <i>Bellair Md</i>	
Accident or Suicide?			

St Mary's

Name
in
Full

CERTIFICATE OF DEATH

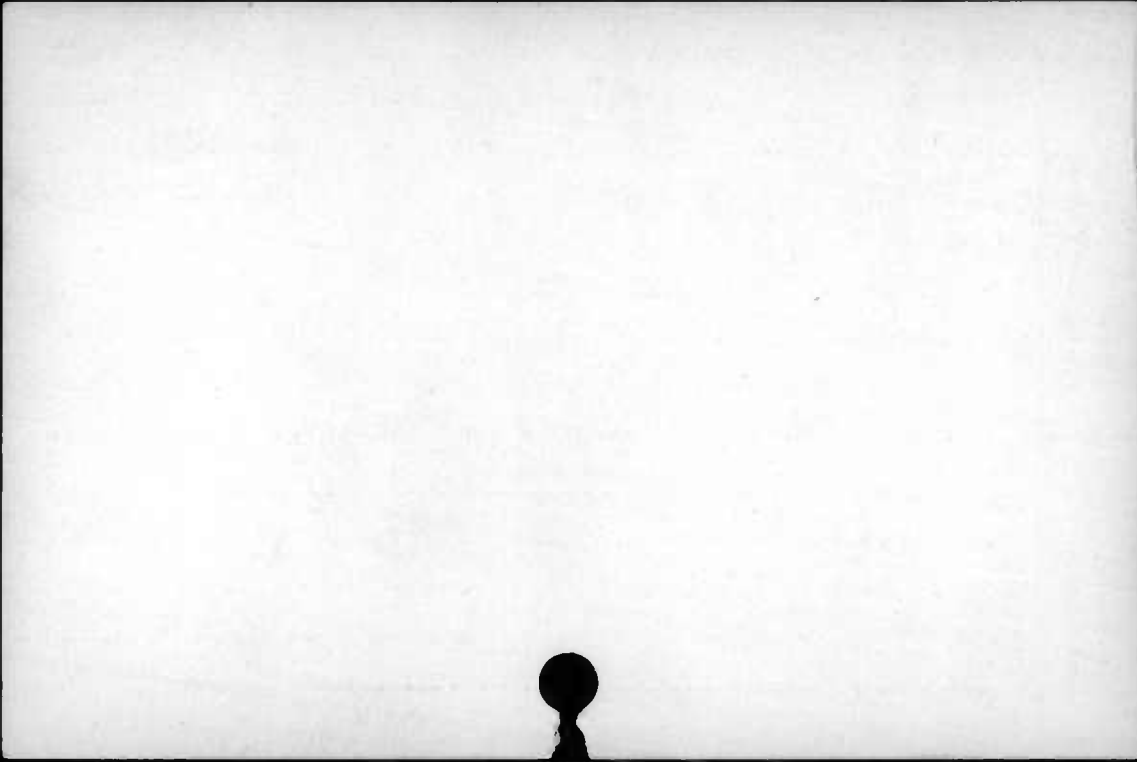
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Madonna</i>		County <i>Harford Co</i>		MARYLAND	
Date of death 190		8	Month 4	Day 28	Age 84	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>White Hall, Md</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>White Hall Betsey Pallas</i>							
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving In formation <i>Samuel Pallas Jr</i>		How related to deceased <i>Grand Son</i>					

CAUSES OF DEATH

91

Primary <i>Chronic Bronchitis</i>	How long <i>4 months</i>
Immediate <i>Grippe</i>	How long <i>week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F T Turner</i>
Accident or Suicide?	Address <i>White Hall Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

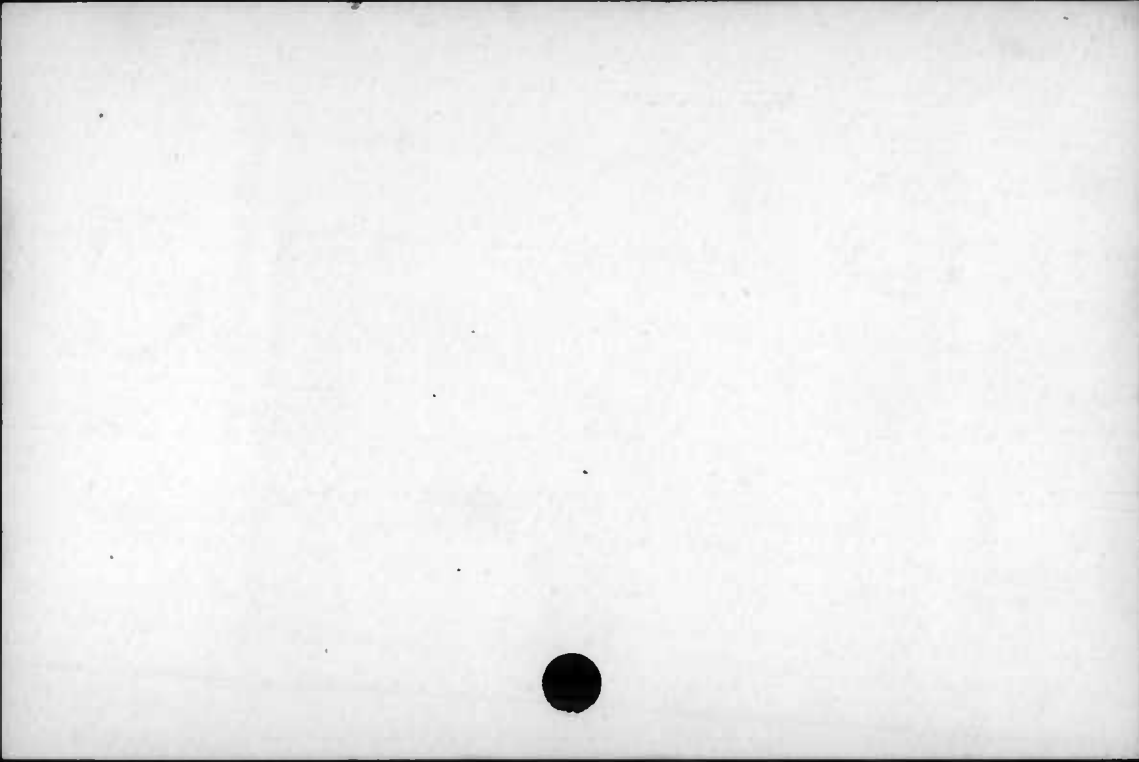
Died at Castleton <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 1908 <small>Year</small>		Apr. <small>Month</small>		22. <small>Day</small>	
Female <small>Sex</small>		White <small>Color or Race</small>		5. <small>Months</small>	
Housewife <small>Occupation</small>		White <small>Where Residing if not at place of death</small>		2. <small>Days</small>	
Married, Single or Widowed <small>Married, Single or Widowed</small>		Widowed <small>Name of Wife or Husband</small>		John Roussey	
Father's Name <small>Father's Name</small>		John Bowman <small>Father's Birthplace</small>		Harford Co., Md.	
Mother's Maiden Name <small>Mother's Maiden Name</small>		Ann Baker <small>Mother's Birthplace</small>		Harford Co., Md.	
Name of person giving information <small>Name of person giving information</small>		Mrs L. M. C. Crea <small>How related to deceased</small>		Daughter	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <small>Primary</small>	How long <small>How long</small>
Immediate <small>Immediate</small>	3 days <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? <small>Are the name, age, sex, color, date and place correctly given above?</small>	Signature of Physician <small>Signature of Physician</small>
Accident or Suicide? <small>Accident or Suicide?</small>	Address <small>Address</small>



Name
in
Full

Adolph Schenker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

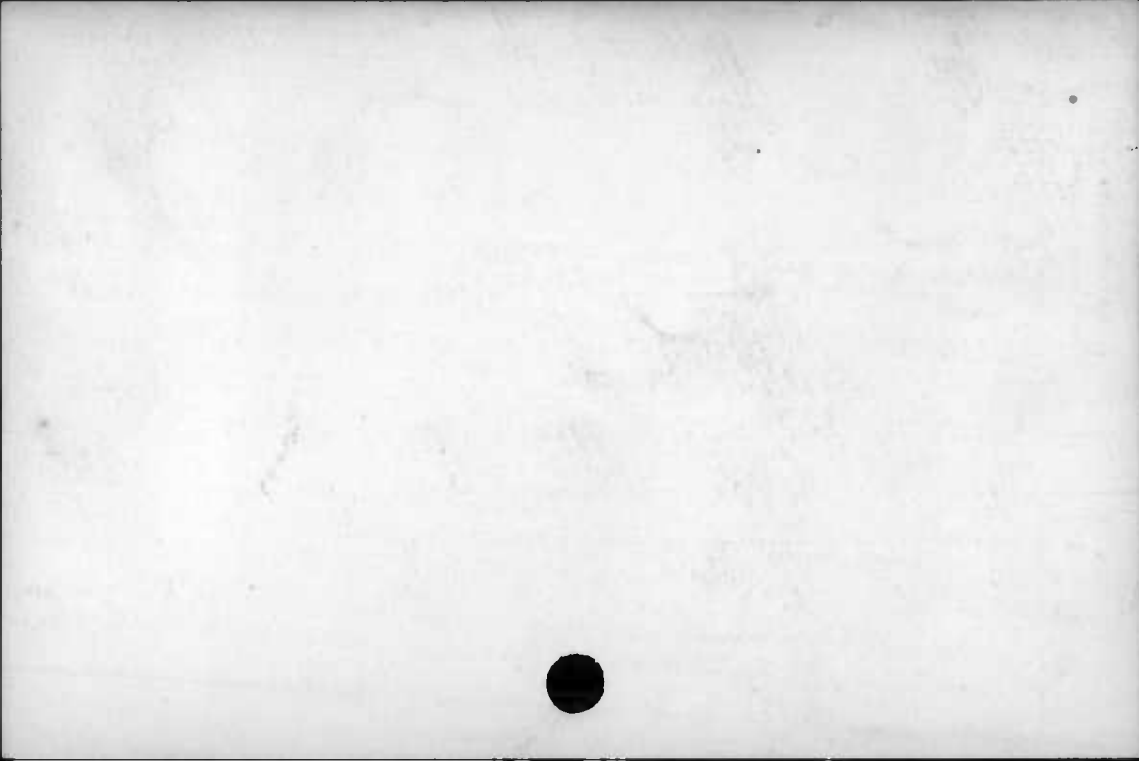
Died at <i>Abideen</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>April</i> <small>Month</small>	<i>2nd</i> <small>Day</small>	<i>22</i> <small>Years</small>	<i>22</i> <small>Months</small>	<i>22</i> <small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Moulder</i>		Where Residing if not at place of death <i>Germany</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Schenker</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Don't know</i>	Name of person giving information <i>Don't know</i>		How related to deceased <i>Don't know</i>		

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Run over by Train on B & O</i>	How long <i>166</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jacob P Osborn J P</i>
	Address <i>Abideen Md</i>
Accident or Suicide? <i>Accident</i>	



Name

in
Full

Elizabeth Shetzer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

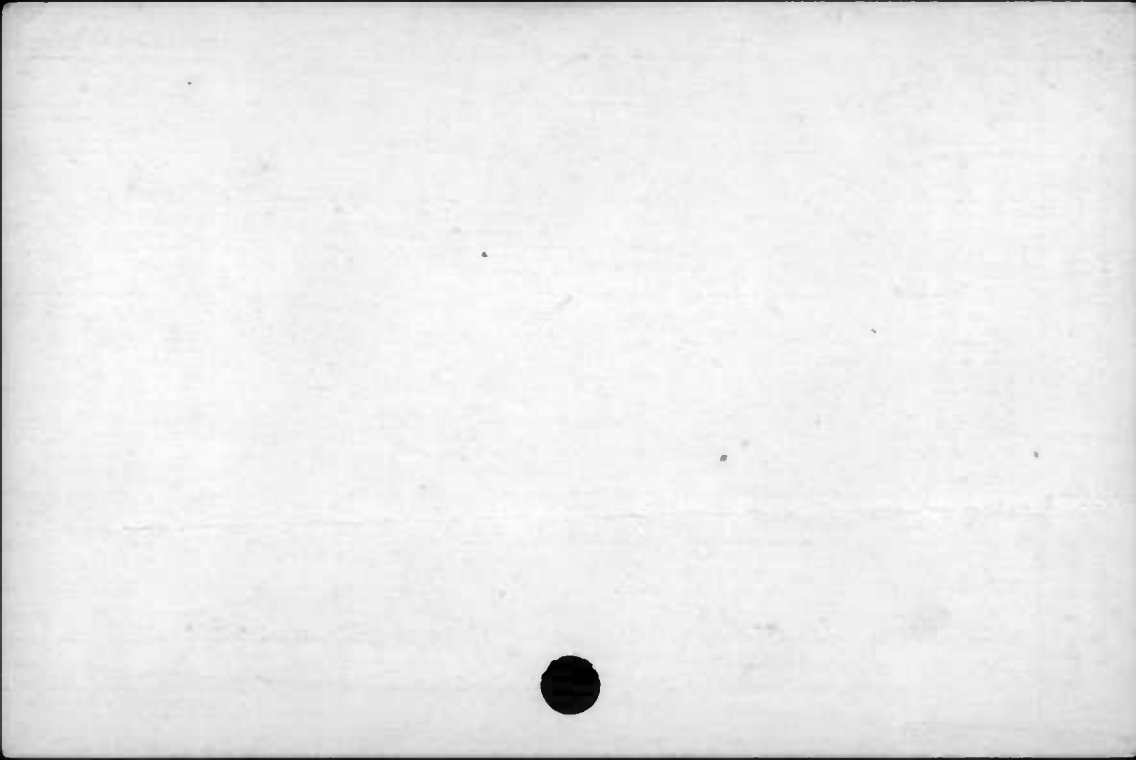
Died at <i>Churchville</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>4</i>	Day <i>1</i>	Age <i>74</i>	Months <i>11</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Pa.</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Chischoville</i>			
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Abraham Shetzer</i>				
Father's Name <i>John Kessell</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Mary Grosh</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>W. E. Gorsuch</i>	How related to deceased <i>None.</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Mitral disease</i>	How long <i>1 month-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. Gorsuch, M. D.</i>
<i>[Signature]</i>	Address <i>Churchville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

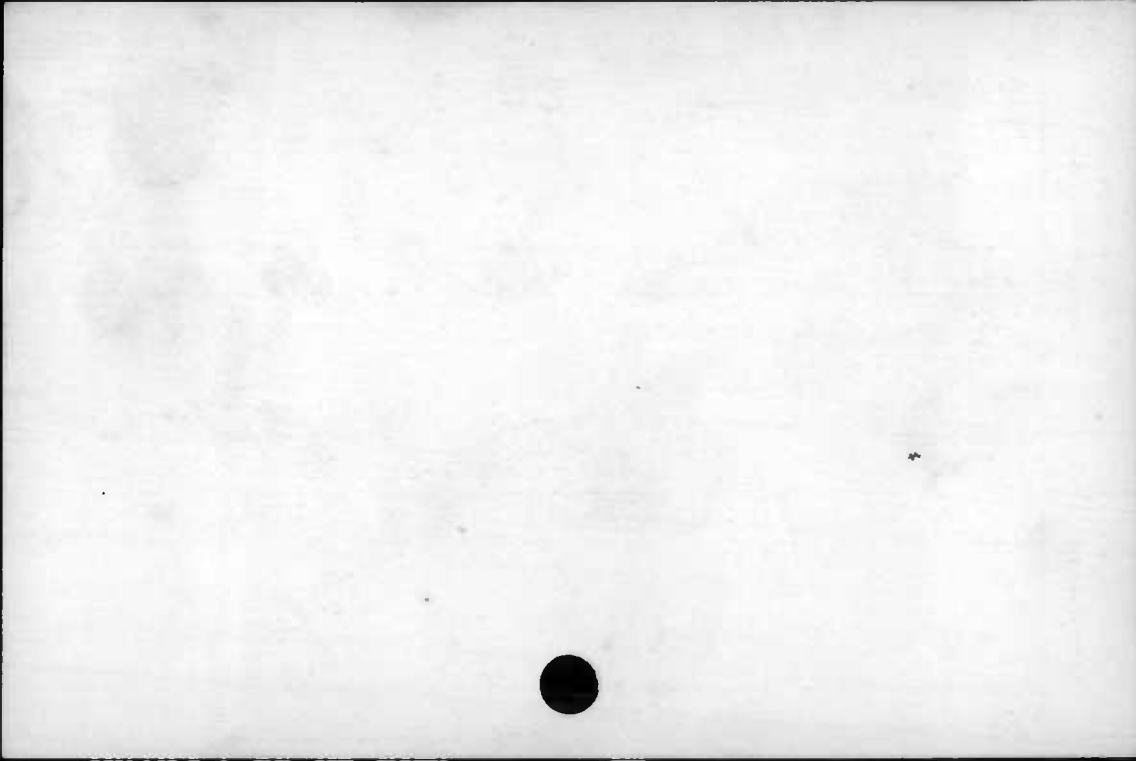
Died at <i>Perryman</i> Town <i>Stanhurst</i> County <i>Stanhurst</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>4</i>	Day <i>7</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>Cotoned</i>	Birth-place <i>Perryman</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Dr. Stanbury</i>	Father's Birthplace <i>Ned'</i>		
Mother's Maiden Name <i>Elsie Chasely</i>	Mother's Birthplace <i>Ned</i>		
Name of person giving information <i>Ketty Neunk</i>	How related to deceased <i>nurse</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>2 days</i>
Immediate <i>11</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Nurse Ketty Neunk</i>
	Address <i>Perryman</i>
<i>9</i>	
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Mary Stine

Died at <i>Herkert</i> Town		<i>Hagerstown</i> County		MARYLAND	
Date of death	1908	Month	Apr	Day	26
Age	88	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Germany
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband <i>John. Stine Sr</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>de</i>		Mother's Birthplace <i>de</i>		
Name of person giving information	<i>James Stine</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary	<i>Capillary TBronchitis -</i>	How long	<i>About 5 days</i>
Immediate	<i>Syncope</i>	How long	<i>a few hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. F. Vant Bibb</i>
		Address	<i>TB & Aint</i>
Accident or Suicide?	<i>No.</i>		<i>Not.</i>

St. Ignatius

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oscar F. Sturmer

Town

County

Died at *Wam-de-grace**Harford*

MARYLAND

Date of death 1908 April 29

Age 37

Months

Days

Sex Male

Color or Race White Man

Birth-place Pennsylvania

Occupation Jeweler

Where Residing if not at place of death *Easton Talbot Co. Md.*

Married, Single or Widowed Single

Name of Wife or Husband None

Father's Name Solomon S. Sturmer

Father's Birthplace Germany

Mother's Maiden Name Valarie Shultz

Mother's Birthplace Germany

Name of person giving information Geo. W. Sturmer

How related to deceased Brother

CAUSES OF DEATH

172

Primary
*Accidental Drowning*How long
Immediate
How long

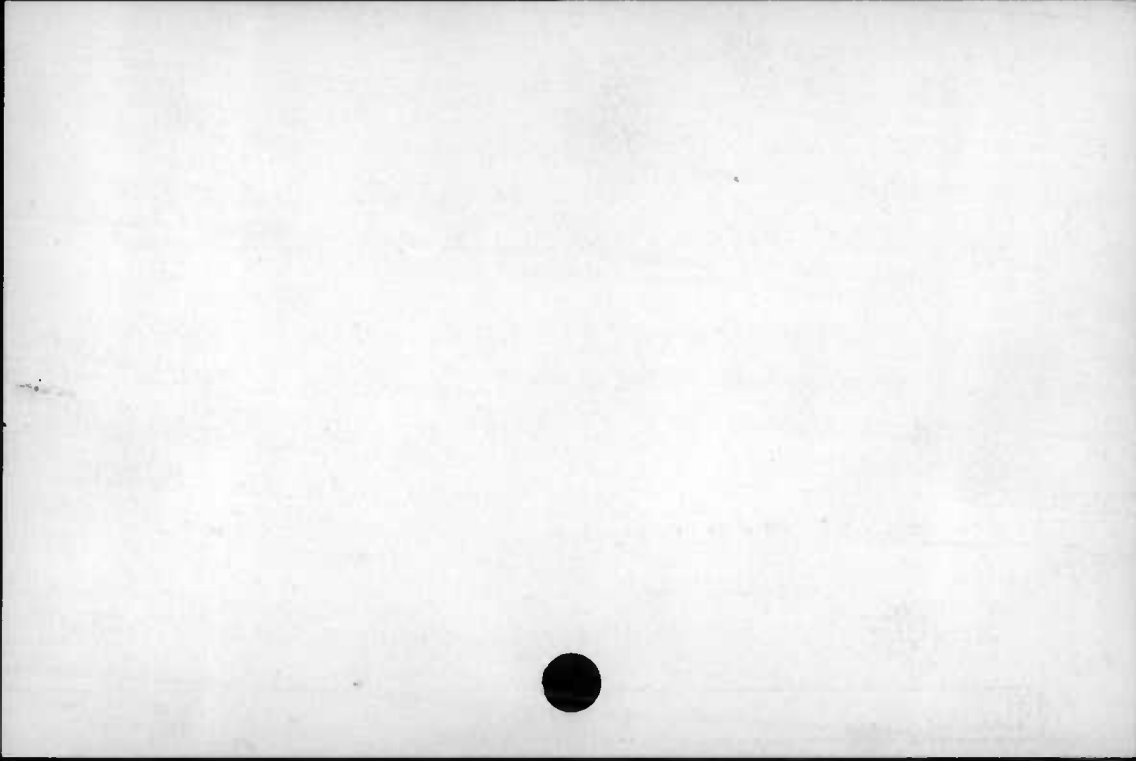
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Sydney E. Penning Coroner*

Address

Accident or Suicide? *Accident*



Name
in
Full

CERTIFICATE OF DEATH

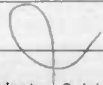
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1904</i> Month <i>Apr</i> Day <i>11</i>		Age <i>59</i> Year		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Forest Hill</i>			
Married <input checked="" type="checkbox"/> Single or Widowed		Name of Wife or Husband			
Father's Name <i>Joseph W. Wallis</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Daphia Standiford</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Hoda L. Wallis</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	<i>Acute softening</i>	How long	<i>Four weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William V. Archer</i>	
		Address <i>Bel Air</i>	
Accident or Suicide?		<i>Ind.</i>	

Rock Spring

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

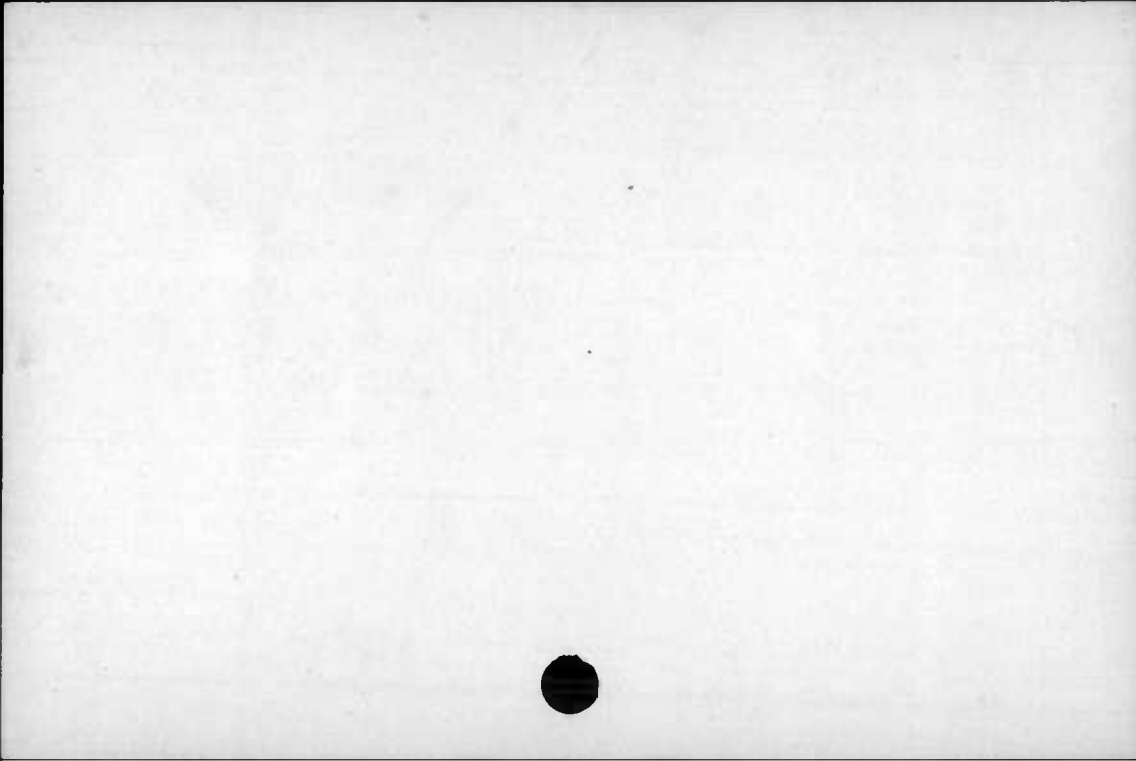
Died at <i>Kalunia</i> ^{Town}		<i>Stafford</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>April</i> ^{Month}	<i>24</i> ^{Day}	Age <i>76</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Stafford Co.</i>		
Occupation <i>Stone-mason</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Minerva Brooks</i>				
Father's Name <i>Jacob Wann</i>	Father's Birthplace <i>Stafford Co.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senile Debility</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. L. Hughes</i>	
	Address <i>Forest Hill</i>	
Accident or Suicide?	<i>End.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

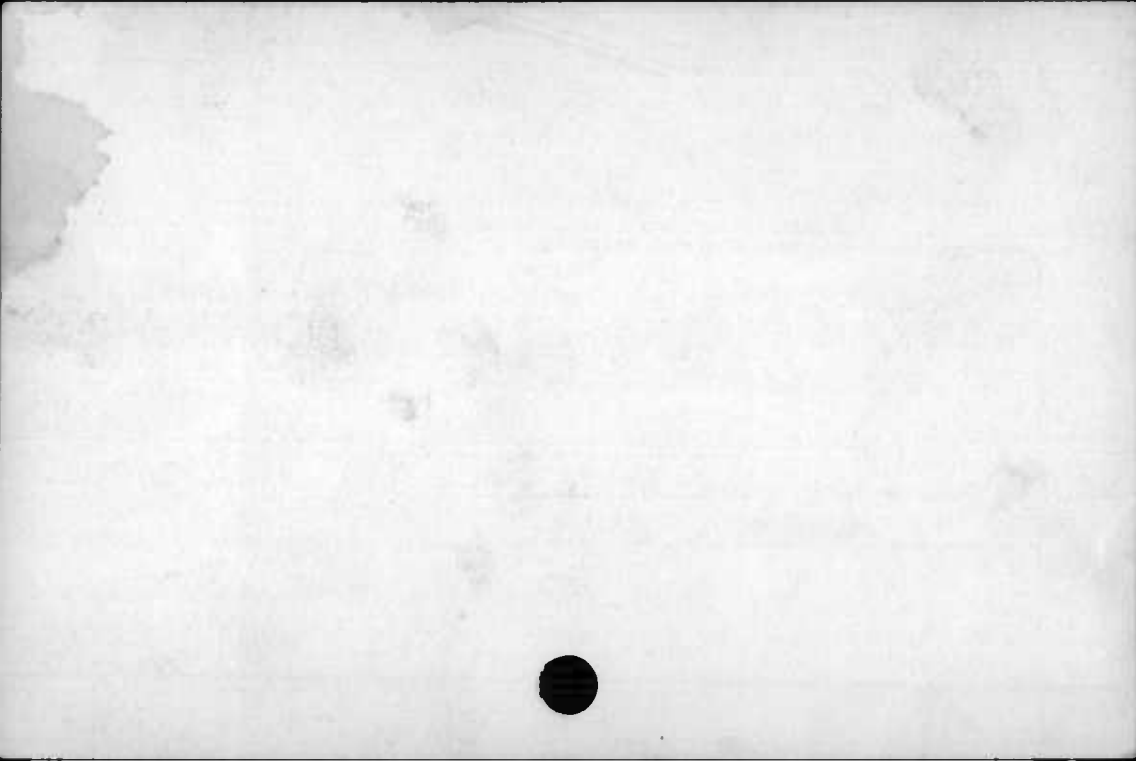
Died at <u>Street</u> <u>Pr</u> <u>Town</u>		<u>Hanford</u> <u>County</u>		MARYLAND	
Date of death <u>8</u> <u>1908</u>	Month <u>April</u>	Day <u>30</u>	Age <u>77</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Princeton Pa</u>		
Occupation <u>Unknown</u>	Where Residing if not at place of death <u>Shelton to ind</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Sarah A Warner</u>				
Father's Name <u>Richard Warner</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Sarah Bytton</u>	How related to deceased <u>Daughter</u>				
Name of person giving information <u>Sarah Bytton</u>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>9 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles H. Warner</u>
<u>Yes</u>	Address <u>Street</u>
Accident or Suicide?	<u>Card</u>



Name
in
Full

Georgia Webster,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Battleton, ^{County} Harford.Date of death 1908 ^{Month} Apr. ^{Day} 4th Age 46 ^{Years} 18 ^{Months} 20 ^{Days}Sex Female Color or Race Colored Birth-place Penna. Not known where.Occupation Housewife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Moses Webster.Father's Name George Presbery. Father's Birthplace Not Known.Mother's Maiden Name Harriet Presbery. Mother's Birthplace Not Known.Name of person giving information Chas. Webster. How related to deceased Brother in Law.

CAUSES OF DEATH

64

PHYSICIAN
OR CORONERPrimary Obesity How long
Immediate Apoplexy. How long 12 mo.Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician J. H. J. Davis.
Address Darlington Md.

Accident or Suicide?



Name
in
Full

Mary Olivia Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Perryman</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>4</i>		Day <i>6</i>		Age <i>About 60 years</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Harford Co</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Webster</i>					
Father's Name <i>James Christie</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Rachael Rice</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>John Webster</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burned to death</i>		How long <i>caused by heat</i>	
Immediate <i>No Doctor</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. G. Osborn</i>	
		Address <i>J. G. Osborn & Sons</i>	
Accident or Suicide? <i>Accident</i>		<i>Undertakers</i>	



Name
in
Full

Louisa W West

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lehrome Hill ^{Town} Harford ^{County} **MARYLAND**

Date of death 1908 ^{Month} April ^{Day} 18th ^{Year} 9th Age 77 Months 7 Days 3

Sex Female Color or Race White Birth-place Dallin Md

Occupation Housekeeping Where Residing if not at place of death _____

Married, Single Married or Widowed Name of ~~Wife or~~ Husband Wilson D West

Father's Name George Ewing Father's Birthplace Harford Co Md

Mother's Maiden Name Margarette Wallis Mother's Birthplace " " "

Name of person giving In formation W D West How related to deceased Husband

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Organic Heart Disease

Immediate Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

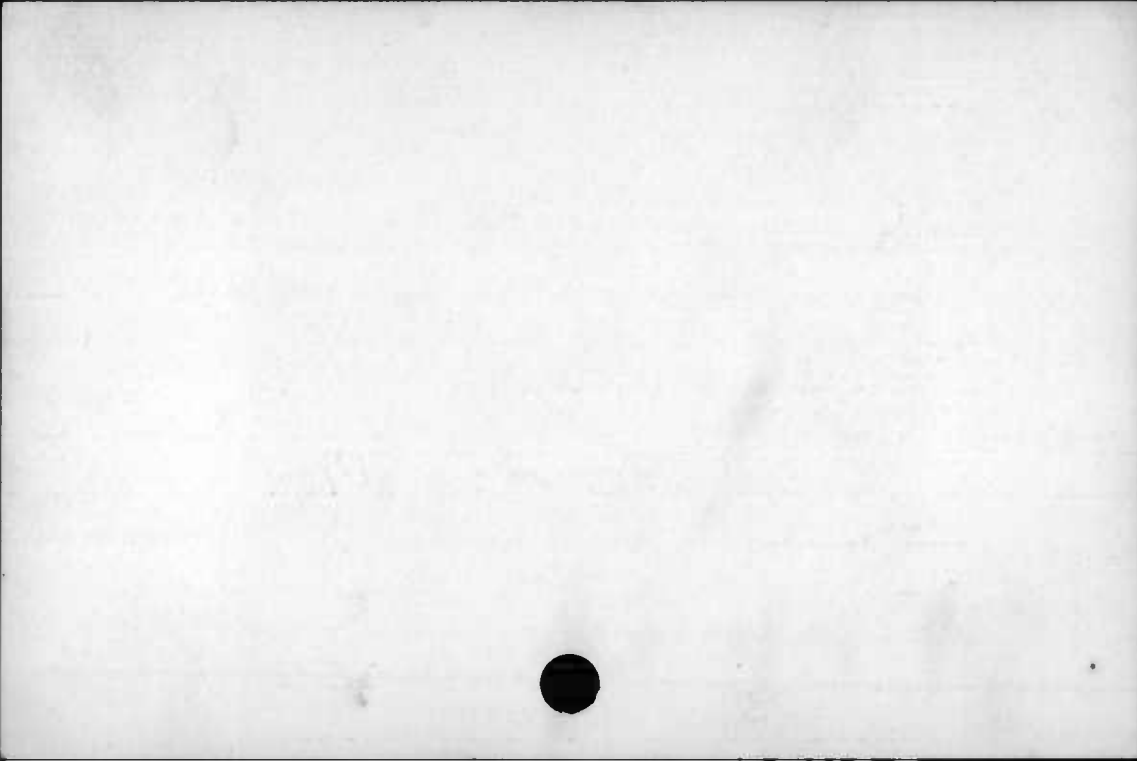
Signature of Physician

Address

H. F. Bradley

Parnettville Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Abingdon</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1908 Apr 11</i>		Age <i>67</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Abingdon</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Samuel Whitford</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Susan Henry</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Miranda Limon</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Fatty degeneration of Heart</i>	How long <i>Several years</i>
Immediate <i>Dilation of heart & syncope</i>	How long <i>Sudden death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. Hunt Gibbs M.D.</i>
<i>9</i>	Address <i>Bel Air Md.</i>
Accident or Suicide? <i>No.</i>	

Abingdon

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Birdwing</i>		County <i>Hartford</i>		MARYLAND	
Date of death		1908	Month <i>April</i>	Day <i>29</i>	Age <i>82</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Wales</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>at place of death</i>					
Married or Widowed		Name of Wife or Husband <i>James Williams</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving Information <i>Harry Williams</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>years</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. Warren Ramsay</i>
	Address <i>Delta, Pa.</i>
Accident or Suicide? <i>No</i>	

May. 1st 1908

Slateville

Name
in
Full

Margaret Elvora Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Budwig* Town

County

*Harford*Date
of death *May 1 1908*

Month

Day

Age

Years

Months

Days

Sex

*Female*Color or
Race*white*Birth-
place*State Hill*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Walter Hickley*Father's
Birthplace*Laurel, Pa.*Mother's
Maiden Name*Louisa Hamilton*Mother's
Birthplace*Ailstone*Name of person giving
information*James Williams*How related
to deceased*Husband*

CAUSES OF DEATH

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Primary

Child birth

How long

—

Immediate

Child bed fever

How long

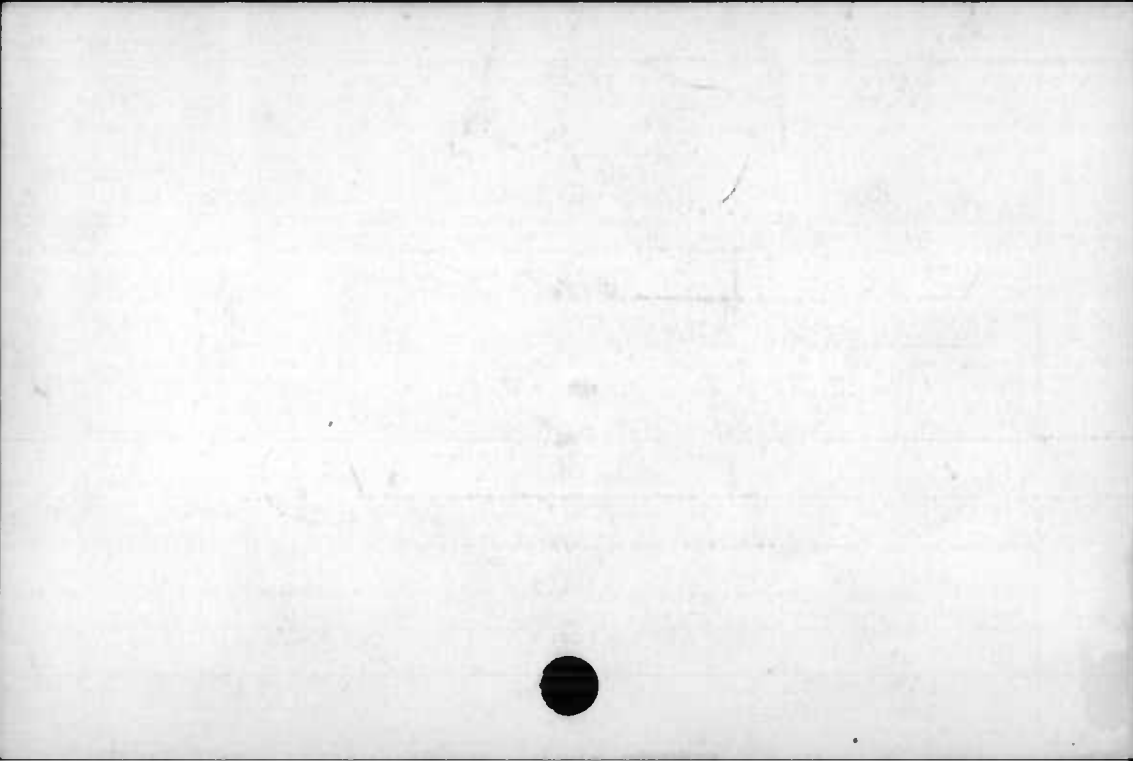
*5 Days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*R. Danon, Ravenscroft
Becca, Pa.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Raphael Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jarrettsville</i> ^{Town}		<i>Harford</i> ^{County} <i>Ce</i>		MARYLAND	
Date of death 190 <i>8</i>	<i>Apr</i> ^{Month}	<i>27</i> ^{Day}	Age <i>71</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>White Hall</i>		
Married, Single or Widowed <i>married</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>Daniel Wilson</i>					
Father's Name <i>Strom Slade</i>			Father's Birthplace <i>White Hall</i>		
Mother's Maiden Name <i>Elizabeth Peayee</i>			Mother's Birthplace <i>White Hall</i>		
Name of person giving information <i>Daniel Wilson</i>			How related to deceased		

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary <i>Chronic Gastritis</i> +	How long <i>4 years</i>
Immediate <i>Senile Debility</i>	How long <i>long</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address <i>F. J. Turner M.D.</i>
Accident or Suicide?	

